


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90143 012 ***150.00

DOCUMENT # P93000038621			
1. Entity Name T4 INCORPORATED			
Principal Place of Business 4426 SE 16TH PL STE. 4 CAPE CORAL, FL 33904 US		Mailing Address C/O FRAN SZYMANSKI 13391 GATEWAY DRIVE #117 FT. MYERS, FL 33907 US	
2. Principal Place of Business		3. Mailing Address C/O SZYMANSKI	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 2413 NW 27TH TERR.	
City & State		City & State CAPE CORAL, FL	
Zip	Country	Zip	Country
		33993	
4. FEI Number 65-0412447		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SZYMANSKI, FRANCES K 13391 GATEWAY DRIVE SUITE 117 FT. MYERS, FL 33907		7. Name and Address of New Registered Agent Name: Frances Szymanski Street Address (P.O. Box Number is Not Acceptable): 2413 NW 27th Terr. City: CAPE CORAL FL Zip Code: 33993	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <i>Frances K Szymanski</i> DATE: <i>2/6/06</i> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT <input type="checkbox"/> Delete CONWAY, CAROL P 15840 PEBBLE DR. FORT MYERS, FL 33912	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <i>4/1/06</i> Daytime Phone #	